

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # 331338

1. Entity Name
VALE MANAGEMENT, INC.



Principal Place of Business
**2351 W FLAGLER ST
MIAMI, FL 33135**

Mailing Address
**2351 W FLAGLER ST
MIAMI, FL 33135**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1321541

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VIDAL, SERGIO C
2351 WEST FLAGLER STREET
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	O'DELL, ANA
STREET ADDRESS	2351 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	PD
NAME	VIDAL, SERGIO C.
STREET ADDRESS	2351 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	VIDAL, TERESA
STREET ADDRESS	2351 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	S
NAME	VIDAL, SERGIO C
STREET ADDRESS	2351 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80068-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-05